

General

Title

Controlling high blood pressure: percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Outcome

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled during the measurement year based on the following criteria:

Patients 18 to 59 years of age whose BP was less than 140/90 mm Hg

Patients 60 to 85 years of age with a diagnosis of diabetes whose BP was less than 140/90 mm Hg

Patients 60 to 85 years of age without a diagnosis of diabetes whose BP was less than 150/90 mm Hg

Note: Use the Hybrid Method for this measure. A single rate is reported and is the sum of all three groups.

Rationale

Approximately 67 million Americans have high blood pressure (Centers for Disease Control and Prevention

[CDC], 2012). Treatment to improve hypertension includes dietary and lifestyle changes, as well as appropriate use of medications.

The specifications for this measure are consistent with current clinical guidelines, such as those of the United States Preventive Services Task Force (USPSTF) and the Joint National Committee (James et al., 2014).

Evidence for Rationale

Centers for Disease Control and Prevention (CDC). Vital signs: awareness and treatment of uncontrolled hypertension among adults--United States, 2003-2010. MMWR Morb Mortal Wkly Rep. 2012 Sep 7;61:703-9. [PubMed](#)

James PA, Oparil S, Carter BL, Cushman WC, Dennison-Himmelfarb C, Handler J, Lackland DT, LeFevre ML, MacKenzie TD, Ogedegbe O, Smith SC Jr, Svetkey LP, Taler SJ, Townsend RR, Wright JT Jr, Narva AS, Ortiz E. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014 Feb 5;311(5):507-20. [45 references] [PubMed](#)

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Primary Health Components

Hypertension; blood pressure (BP)

Denominator Description

Patients age 18 to 85 years as of December 31 of the measurement year with at least one outpatient visit with a diagnosis of hypertension during the first six months of the measurement year (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

The number of patients in the denominator whose most recent blood pressure (BP) (both systolic and diastolic) is adequately controlled during the measurement year based on the following criteria:

Patients 18 to 59 years of age as of December 31 of the measurement year whose BP was less than 140/90 mm Hg

Patients 60 to 85 years of age as of December 31 of the measurement year with a diagnosis of diabetes whose BP was less than 140/90 mm Hg

Patients 60 to 85 years of age as of December 31 of the measurement year without a diagnosis of diabetes whose BP was less than 150/90 mm Hg

See the related "Numerator Inclusions/Exclusions" field.

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA) Committee on Performance Measurement and Board of Directors. Once NCQA establishes national benchmarks for accountable care organization (ACO) performance, all measures will undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis. Where applicable, measures also are assessed for construct validity using the Pearson correlation test.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Apr 8. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Accountable Care Organizations

Ambulatory/Office-based Care

Hospital Outpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Multisite Health Care or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age 18 to 85 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Case Finding Period

The first six months of the measurement year

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Patients 18 to 85 years of age as of December 31 of the measurement year with at least one outpatient visit (Outpatient CPT Value Set) with a diagnosis of hypertension (HTN) (Essential Hypertension Value Set) during the first six months of the measurement year

To confirm the diagnosis, the organization must find notation of one of the following in the medical record on or before June 30 of the measurement year:

HTN

High blood pressure (HBP)

Elevated blood pressure (↑BP)

Borderline HTN

Intermittent HTN

History of HTN

Hypertensive vascular disease (HVD)

Hyperpiesia

Hyperpiesis

It does not matter if hypertension was treated or is currently being treated. The notation of hypertension may appear anytime on or before June 30 of the measurement year, including prior to the measurement year.

Note: *Diabetes Flag*: After the Eligible Population is identified, assign each patient a flag to identify if the patient does or does not have diabetes as identified by claims/encounter and pharmacy data (as described below). The flag is used to determine the appropriate BP threshold to use during numerator assessment (the threshold for patients with diabetes is different than the threshold for patients without diabetes).

Assign a flag of *diabetic* to patients who were identified as diabetic using claim/encounter data or pharmacy data. Use both methods to assign the diabetes flag, although a patient only needs to be identified by one method. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.

Claim/encounter data. Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (Nonacute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (Diabetes Value Set). Visit type need not be the same for the two visits.

At least one acute inpatient encounter (Acute Inpatient Value Set) with a diagnosis of diabetes (Diabetes Value Set).

Pharmacy data. Patients who received a prescription or were dispensed insulin or hypoglycemic/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (refer to Table ACDC-A in the original measure documentation for a list of prescriptions to identify members with diabetes).

Assign a flag of *not diabetic* to patients who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or year prior to the measurement year and who meet either of the following criteria:

A diagnosis of polycystic ovaries (Polycystic Ovaries Value Set), in any setting, any time during the patient's history through December 31 of the measurement year.

A diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.

Exclusions

Exclude from the eligible population all patients with evidence of end stage renal disease (ESRD) (ESRD Value Set; ESRD Obsolete Value Set) or kidney transplant (Kidney Transplant Value Set) on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated note indicating ESRD. Documentation of ESRD, dialysis or renal transplant meets the criterion for evidence of ESRD.

Exclude from the eligible population all patients with a diagnosis of pregnancy (Pregnancy Value Set) during the measurement year. Documentation in the medical record must include a note indicating a diagnosis of pregnancy, which must have occurred during the measurement year.

Exclude from the eligible population all patients who had a nonacute inpatient admission during the measurement year.

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase *HEDIS 2015 Technical Specifications for ACO Measurement*, which includes the Value Set Directory.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

The number of patients in the denominator whose most recent blood pressure (BP) (both systolic and diastolic) is adequately controlled during the measurement year based on the following criteria:

Patients 18 to 59 years of age as of December 31 of the measurement year whose BP was less than 140/90 mm Hg

Patients 60 to 85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was less than 140/90 mm Hg

Patients 60 to 85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was less than 150/90 mm Hg

To determine if a patient's BP is adequately controlled, the representative BP must be identified.

Note: *Representative BP*: The most recent BP reading during the measurement year (as long as it occurred after the diagnosis of hypertension was made). If multiple measurements occur on the same date, or are noted in the chart on the same date, the lowest systolic and lowest diastolic reading should be used. If no BP is recorded during the measurement year, the patient's BP is assumed "not controlled."

Exclusions

Do not include BP readings:

Taken during an acute inpatient stay or an emergency department (ED) visit

Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole)

Obtained the same day as a major diagnostic or surgical procedure (e.g., stress test, administration of intravenous [IV] contrast for a radiology procedure, endoscopy)

Reported by or taken by the patient

If the organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase *HEDIS 2015 Technical Specifications for ACO Measurement*, which includes the Value Set Directory.

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Electronic health/medical record

Paper medical record

Type of Health State

Physiologic Health State (Intermediate Outcome)

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

The Accountable Care Organization (ACO) aggregate population is reported as a whole, with an option to report Medicaid separately for measures for which HEDIS Health Plan Measurement offers Medicaid specifications.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Controlling high blood pressure (ACBP).

Measure Collection Name

HEDIS 2015: Accountable Care Organization (ACO) Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Cardiovascular Conditions

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving

health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2013 Apr 3

Core Quality Measures

Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMH), and Primary Care

Cardiology

Adaptation

This measure was adapted from the *HEDIS Technical Specifications for Health Plans ("HEDIS Health Plan Measurement")* and *HEDIS Physician Measurement*.

Date of Most Current Version in NQMC

2014 Nov

Measure Maintenance

Annual

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2013 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2012. various p.

The measure developer reaffirmed the currency of this measure in November 2015.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#) .

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on May 13, 2014.

This NQMC summary was updated by ECRI Institute on February 11, 2015.

The information was reaffirmed by the measure developer on November 2, 2015.

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Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

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